

<i>Index of Claims</i>	Application/Control No.		Applicant(s)/Patent Under Reexamination	
	10718034		HERZBERG ET AL.	
	Examiner		Art Unit	
	Claytor, Renee		1617	

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	Cancelled	<input type="checkbox"/>	N	Non-Elected	<input type="checkbox"/>	A	Appeal
<input type="checkbox"/>	Allowed	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	I	Interference	<input type="checkbox"/>	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47
CLAIM					DATE		
Final	Original	03/16/2007	05/02/2007	10/24/2007	04/03/2008	06/03/2009	01/29/2010
1	+	N	N	N	N	N	N
2	+	N	N	N	N	N	N
3	+	N	N	N	N	N	N
4	+	N	N	N	N	N	N
5	+	N	N	N	N	N	N
6	+	N	N	N	N	N	N
7	+	N	-	-	-	-	-
8	+	N	-	-	-	-	-
9	+	N	-	-	-	-	-
10	+	N	-	-	-	-	-
11	+	N	-	-	-	-	-
12	+	N	N	-	-	-	-
13	+	N	N	-	-	-	-
14	+	N	N	-	-	-	-
15	+	N	N	-	-	-	-
16	+	N	N	-	-	-	-
17	+	N	N	-	-	-	-
18	+	N	N	-	-	-	-
19	+	N	N	-	-	-	-
20	+	N	N	-	-	-	-
21	+	N	N	-	-	-	-
22	+	N	N	-	-	-	-
23	+	N	N	-	-	-	-
24	+	N	N	-	-	-	-
25	+	N	N	N	N	N	N
26	+	N	N	N	N	N	N
27	+	N	N	N	N	N	N
28	+	N	N	N	N	N	N
29	+	N	N	N	N	N	N
30	+	N	N	N	N	N	N
31	+	N	N	N	N	N	N
32	+	N	N	N	N	N	N
33	+	N	N	N	N	N	N
34	+	N	N	N	N	N	N
35	+	N	N	N	N	N	N
36	+	N	N	N	N	N	N

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CLAIM		DATE							
Final	Original	03/16/2007	05/02/2007	10/24/2007	04/03/2008	06/03/2009	01/29/2010	02/08/2011	
	37	+	N	N	N	N	N	N	
	38	+	✓	N	N	N	N	N	
	39	+	✓	N	N	N	N	N	
	40	+	✓	N	N	N	N	N	
	41	+	✓	N	N	N	N	N	
	42	+	✓	N	N	N	N	N	
	43	+	✓	✓	✓	✓	✓	✓	
	44	+	✓	✓	✓	✓	✓	✓	
	45	+	✓	✓	✓	✓	✓	✓	
	46	+	✓	✓	✓	✓	✓	✓	
	47	+	✓	✓	✓	✓	✓	✓	
	48	+	✓	✓	✓	✓	✓	✓	
	49	+	✓	✓	✓	✓	✓	✓	
	50	+	✓	✓	✓	✓	✓	✓	
	51	+	✓	✓	✓	✓	✓	✓	
	52	+	✓	✓	✓	✓	✓	✓	
	53	+	+	N	N	N	N	N	
	54	+	+	N	N	N	N	N	
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	56	+	+	N	N	N	N	N	
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	58	+	+	N	-	-	-	-	
	59	+	+	N	N	N	N	N	
	60		✓	✓	✓	✓	✓	✓	
	61		✓	✓	✓	✓	✓	✓	
	62		✓	✓	✓	✓	✓	✓	
	63		✓	✓	✓	✓	✓	✓	
	64					✓	✓	✓	
	65					✓	✓	✓	
	66					✓	✓	✓	
	67					✓	✓	✓	
	68					✓	✓	✓	
	69					✓	✓	✓	
	70					✓	✓	✓	
	71					✓	✓	✓	